Interim Designation of Agent to Receive Notification of Claimed Infringement

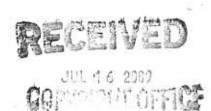
Full Legal Name of Service Provider: Immune Deficiency Foundation
Alternative Name(s) of Service Provider (including all names under which the ser provider is doing business): http://my.primaryimmune.org , www.idfcommonground.org, www.primaryimmune.org
Address of Service Provider: 40 West Chesapeake Ave., Towson, MD 21204
Name of Agent Designated to Receive
Notification of Claimed Infringement: Adam Freestone
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic ocation): Adam Freestone, 40 West Chesapeake Ave., Towson, MD 21204 Telephone Number of Designated Agent: (410) 321-6647
'acsimile Number of Designated Agent: (410) 321-9165
mail Address of Designated Agent: copyrights@primaryimmune.org
ignature of Officer, or Assortative of the Designating Service Provider: Date: July 14, 2009
yped or Printed Name and Title: Jonathan M. Holda, Esq., Attorney for Agent
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Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/L&R P.O. Box 70400 Washington, DC 20024





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